



# GET READY! FAMILY EMERGENCY PLAN

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. Keep a copy of this plan in your emergency supplies kit, or another secure place where you can access it in the event of a disaster.

Out-of-Town Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Fill out the following information for each family member and keep it up to date.

Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
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Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____

**Where to go in an emergency.** Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces, and apartment buildings should all site-specific emergency plans.

## Home

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Neighborhood Meeting Place \_\_\_\_\_  
Regional Meeting Place \_\_\_\_\_

## School

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Evacuation Location \_\_\_\_\_

## School

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Evacuation Location \_\_\_\_\_

## Work

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Evacuation Location \_\_\_\_\_

## Work

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Evacuation Location \_\_\_\_\_

## Other place you frequent

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Evacuation Location \_\_\_\_\_

## Other place you frequent

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Evacuation Location \_\_\_\_\_

## Pet Information

Name \_\_\_\_\_  
Description \_\_\_\_\_  
License # \_\_\_\_\_

Important Information	Name	Phone #	Policy#
Doctor(s)	_____	_____	_____
Other	_____	_____	_____
Pharmacist	_____	_____	_____
Medical Insurance	_____	_____	_____
Homeowners/Rental Insurance	_____	_____	_____
Veterinarian/Kennel (for pets)	_____	_____	_____
<b>Dial 911 for emergencies</b>		<b>Police Non-Emergency Phone Number</b> _____	